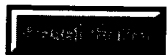


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



IA ETHICS AND
CAMPAIGN DISCLOSURE Bd.

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2010 JAN 19 AM 11:42

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

ANGELA CONNOLLY

Political Party (if applicable)

DEMOCRATIC

Office Sought

POLK COUNTY SUPERVISOR

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]
SIGNATURE OF PERSON FILING REPORT

515-778-7063
TELEPHONE

1/19/10
DATE SIGNED

I AM FILING A

1/19/10
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

37,893.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

32,490.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

70,383.54

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

839.98

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

69,544.56

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

919.74

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

A
(Rev. 06/87)**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/31/09	ID# CK# 1131	Gerald + Mary Lou Neugent 2416 Park Ave. DM Ia 50321-1508		\$ 500 ⁰⁰	✓
8/31/09	ID# CK# 3230	William + Nancy Knapp II 5221 NW 70th Pl Johnston, Ia 50131-1254		500 ⁰⁰	✓
8/31/09	ID# CK# 4367	Ed Skinner P.O. Box 367 A Hoos, Ia 50009		500 ⁰⁰	✓
8/31/09	ID# CK# 1191	William + Kathleen Lillis 3000 Patricia Dr. Des Moines, Iowa 50322		1,000 ⁰⁰	✓
8/31/09	ID# CK# 3840	Suku + Mary Radia 4800 Stonebridge Cir. WDM, Ia 50265		250 ⁰⁰	✓
8/31/09	ID# CK# 5971	Harry Borker + Pamela Borker 400 Locust St. Sub 790 DM Ia 50309		100 ⁰⁰	✓
8/31/09	ID# CK# 3066	Steven Zumbach 666 Walnut St. Sub 2000 DM Ia 50309		250 ⁰⁰	✓
8/31/01	ID# CK# 10545	James + Marilyn Murphy 1925 SE 82nd St Bunnells, Ia 50237		25 ⁰⁰	✓
8/31/09	ID# CK# 5894	Tom Henderson 6239 N Winwood Dr. Johnston, Ia 50131		250 ⁰⁰	✓
8/31/09	ID# CK# 15134	Raib + David Hurd 300 Walnut St. # 183 DM Ia 50309		500 ⁰⁰	✓

SUB-TOTAL

\$ 3875

TOTAL (If last page of this
schedule)

\$

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Page 1 of 11
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

A
(Rev. 08/97)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

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8/31/09	ID# CK# 3048	Martha Miller 5230 E. Oakwood Dr. Pleasant Hill, Ia 50327		\$ 50 ⁰⁰	✓
8/31/09	ID# CK# 9534	Martha Miller + Eugene B. Miller 5230 E Oakwood Dr Pleasant Hill, Ia 50327		\$ 50 ⁰⁰	✓
8/31/09	ID# CK# 4373	W. A. Krause Revocable Trust 6400 Westown Parkway WDM, Ia 50261		\$ 250 ⁰⁰	✓
8/31/09	ID# CK# 6948	Kurt + Lynette Rasmussen 6846 NW Beaver Dr. Johnston, Ia 50131		\$ 1,000 ⁰⁰	✓
8/31/09	ID# CK# 2565	Sandra Rasmussen 295 NW 66th Ave DM Ia 50316		\$ 1,000 ⁰⁰	✓
9/2/09	ID# CK# 10495	TEN Stuart 325 43rd DM Ia 50312		\$ 250 ⁰⁰	✓
9/2/09	ID# CK# 4079	Jack Bishop 829 Elmwood Ct Athens, Ia 50009-1906		\$ 100 ⁰⁰	✓
9/2/09	ID# CK# 1121	Loree R. Miles 1402 Tulip Tree Ln WDM, Ia 50266-6665		\$ 100 ⁰⁰	✓
9/2/09	ID# CK# 8505	J. Barry + Michele Griswell 605 Grand Oaks Dr WDM, Ia 50265		\$ 100 ⁰⁰	✓
9/2/09	ID# CK# 2642	Kurt D. Bailey 11036 NE 82nd Ave Mitchellville, Ia		\$ 300 ⁰⁰	✓

SUB-TOTAL

\$ 3200

TOTAL (If last page of this
schedule)

\$

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Page 2 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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9/2/09	ID# CK# 10527	Nicholas Roby + Deb Thornish 400 Locust St St 790 Om Tn 50309-2347		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
9/2/09	ID# CK# 8783	Antonio Colacino 4645 Elm St Wom Tn 50265		100 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 137203	John + Kris Rower 1414 8th Ave SE Atlanta Ga 30307		250 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 4621	Denis + Sarah Bratton 5304 Pine Street Bellville, Texas 77401		100 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 1260	Carl Hirsh 11 Village Court Medford NJ 08055		150 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 1104	Mite Kinter 118 SE 4th St Om Tn 50319		150 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 2003	James S Cowrie 141 37th St Om Tn 50312		2,500 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 1018	Jeffrey Wanger 4780 SE Fourmile Dr Ankeny Iowa 50231-7412		250 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 5997	WALT + JUDY Tomanga 12086 120th St Rippeg, Ia 50235		100 ⁰⁰	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 2325	Michael P. Coppola 4521 Flair Dr Suite C Om Tn 50321		500 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 4200 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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9/1/09	ID# CK# 3178	Michael & Jennifer Galloway 3576 15th St. Dubuque, Iowa 52003		\$ 150.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 13641	James Aultry 5007 Woodford Sally Peterson OM 50312		100.00	<input checked="" type="checkbox"/>
9/8/09	ID# CK# 16362	William C Knapp 4949 Westown Alley Wm Ia 50266		250.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 1564	PAC EG John Runtz P.O. Box 855 Om Ia 50304		250.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 2476	Fred & Charlotte Hubbell 2300 Terrace Rd Om Ia 50312		250.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 1002	Opie Brick 550 39th St. St. 200 Om Ia 50312		250.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 11280	Brian & Patricia Lorenzo 5508 Garrison St. Johnston Ia 50131		100.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 2123	Rick & Nan Tolkson 14239 Ridgmont Dr Dubuque, Ia 52003		1,000.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 2165	Roger Brooks 5205 Woodland Ave Om Ia 50312		250.00	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 3183	Ed & Bonnie Campbell 3131 Fleur Dr Unit 702 Om Ia 50321		250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 5,100	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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09/24/09	ID# CK# 4079	Don + Cheryl Timmons 8409 NE 54th AV ALTOONA IA 50009		\$ 100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 6254	M L CHADMAN 3707 SKYLINE DR DES MOINES IA 50310		50.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 3476	CLINTON + BERNARD PURSLEY 305 PINE AV NORWALK IA 50211		50.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 2957	BRIAN + JANE PETERSEN 4300 BEAVER HILLS DR DES MOINES IA 50310		100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 7460	THOMAS FLYNN 2000 FINANCIAL CTR DES MOINES IA 50319		100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 2623	ARTHUR SLUSAREK 1716 LOCUST DES MOINES IA 50319		50.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 12346	JEFF + PATTY LINK 4129 FOREST DES MOINES IA 50311		50.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 8888	JULIE SKINNER - STEWART 211 5th ST N.W ALTOONA IA 50009		75.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 4258	MELISSA WATSON CARL WIEDERHOLTER 4312 KINGMAN BLVD DES MOINES IA 50310		150.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 2425	GREG NICHOLS - DAWN CONNETT 812 52nd ST WEST DES MOINES IA 50265		75.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 800.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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09/24/09	ID# CK# 9195	JOE + MARY KELLY 2204 46th PL DES MOINES IA 50310		\$ 175 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 5883	KATHERINET SCOTT HARRINGTON 1312 LOOMIS DES MOINES IA 50315		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 4376	JOE SHANNON 2801 EPT RUE PKWY #203 WEST DES MOINES IA 50265		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 8553	DAVID + DARCY MOELLER 1811 COUNTRY CLUB RD INDIANOLA IA 50125		500 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 7323	GARY + VIRGINIA PALMER 7070 NE 64th ALTAIA IA 50009		250 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 1505	ANN ATKIN 553 S HICKORY BLVD PLEASANT HILL IA 50327		50 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 4085	MARK + JODI WARD 8128 WILDER DR URBANDALE IA 50322		150 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 8090	TIMOTHY + DONNA MOUSON 7013 NW 95th COWAY JOHNSTON IA 50131		500 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 10844	KATHLEEN + DONALD CONNOR 13308 BITTERSWEET RD WOODWARD IA 50276		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 5796	DAVE JOELS 8139 HADFIELD JOHNSTON IA 50131		100	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2025 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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09/24/09	ID# CK# 9163	MARK + JOHANNA LAND 2824 NW 74th AV AUKENY IA 50023		\$ 100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 6554	STEVEN WANDRO 2501 GRAND AV SUITE B DES MOINES IA 50312		200.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 359	GLADYS HIGGINS 426 SW FRANKLIN AUKENY IA 50023		200.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 8046	JERRY + SHERRI MOORE 3261 SW COURT AV AUKENY IA 50023		400.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# * 2523	JILYN + MARTIN CARDEAS 301 SW 21st COURT AUKENY IA 50023		200.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 5018	WADE + CRYSTAL GREIMAN 406 N E 16th AUKENY IA 50024		400.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 2716	JOHN HALDEMAN 1419 NW 26th ST AUKENY IA 50023		100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 1142	GARY LAGO PO BOX 1153 AUKENY IA 50021		500.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 5976	JOHN BARBER 12442 NE 64th ELKHART IA 50073		100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 6211	TERRY + BONNIE SEARLE 306 SECORINA DR AUKENY IA 50024		250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2450.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

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09/24/09	ID# CK# 2031	MICHAEL GRIER 17557 TURNBERRY RD COUNCIL BLUFFS IA 5103		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 2768	MICHELLE + RICHARD VOELKER 3708 ADAMS DES MOINES IA 50310		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 1112	ALLEN + BARBARA MONSTERMAN 8107 PLUM DR URBANDALE IA 50322		500 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 10512	DALE + LINDA HARRINGTON 3502 NE BRIARWOOD DR AUKENY IA 50021		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 8925	MARK + STEPHANIE PERINGTON 9708 ASHTON DR JOHNSTON IA 50131		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 4855	JOHN CACCIATORE 1700 CASADY DR DES MOINES IA 50315		400 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 10588	JAMES + MARIAN MURPHY 1925 SE 82ND ST RUNNELS IA 50237		50 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 1425	BRIAN + JOANN JOHNSON 6724 PALORAMA DR PALORA IA 50216		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 1011	BRIAN + DAWN WESSELS 9837 NW 31ST ST POLK CITY IA 50224		100 ⁰⁰	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 3551	BOB WANDORF 8128 WILDER DR URBANDALE IA 50322		150 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1340 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/24/09	ID# CK# 6161	DENNIS + SUSAN ALBAUGH 1525 NE 36 th ST ANKENY IA 50021		\$ 100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 5385	JAMES FITZGERALD 3030 DIELH AV DES MOINES IA 50320		100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 3709	LARRY + LINDA LAUD 6048 TERRACE DR JOHNSTON IA 50131		250.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 5176	CONNIE LIMER 100 2 nd ST DES MOINES IA 50309		250.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 1934	AMY CAMPBELL + GUD FLEMING 604 JAMES FRANCES PL JOHNSTON IA 50131		250.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 2825	MICHAEL GARINER 100 MARKET UNIT 515 DES MOINES IA 50309		500.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 1963	SKIP COUKLING 516 6 th ST NW ALTOONA IA 50009		100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 10654	ANDREA + DANIEL MCGUIRE 100 37 th ST DES MOINES IA 50312		100.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 3969	ROLLAND + MARY NELSON 405 LINBERWOOD DR WEST DES MOINES IA 50265		500.00	<input checked="" type="checkbox"/>
09/24/09	ID# CK# 2643	PRESTON + DAIRICA DANIELS 1345 BURLINGTON TERRACE DES MOINES IA 50314		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 3100.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/24/09	ID# CK# 4710	TOM WHITNEY 666 GRAND AV. #1800 DES MOINES IA 50309		\$ 500 ⁰⁰	<input checked="" type="checkbox"/>
10/15/09	ID# CK# 2012	CRAIG FABER 713 THOMAS RD LIC WOM IA 50265		100 ⁰⁰	<input checked="" type="checkbox"/>
10/15/09	ID# CK# 1461	JAMES O GAUGER P.O BOX 619 Pala IA 50021		200 ⁰⁰	<input checked="" type="checkbox"/>
10/16/09	ID# CK# 5592	Robert E Goster 801 Grand Suite 3900 Om IA 52309		100 ⁰⁰	<input checked="" type="checkbox"/>
10/16/09	ID# CK# 4345	Brian Stone 8801 NW 67th Ct Johnston IA 50131		100 ⁰⁰	<input checked="" type="checkbox"/>
10/16/09	ID# CK# 4976	Michael A. Tousley 421 S 49th WOM IA 50265-2027		100 ⁰⁰	<input checked="" type="checkbox"/>
10-19-09	ID# CK# 4074	Duane + Rhonda Burkhardt 3797 120th Ave Carlisle, Iowa 50047		500 ⁰⁰	<input checked="" type="checkbox"/>
10-19-09	ID# CK# 5019	Michael + Kim Grimaldi 4039 46th St. Des Moines, Iowa 50310		200 ⁰⁰	<input checked="" type="checkbox"/>
10-21-09	ID# CK# 1330	James C Rizzuti 3577 Edington Way Palm Harbor, FL 34685		1000 ⁰⁰	<input checked="" type="checkbox"/>
10-24-09	ID# CK# 7395	Sister Nancy Esposito 891 Van Dusen Crest Hills IL 62016		500 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 3300	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/22/09	ID# CK# 12945	Fred + Emily Weitz 1245 Browns Woods Dr WDM IA 52265		\$ 250.00	<input checked="" type="checkbox"/>
11/5/09	ID# CK# 1341	Jonathan Wilson 2924 Druid Hill Dr DM IA 52315		100.00	<input checked="" type="checkbox"/>
11/7/09	ID# CK# 3502	Matt Paul 4146 College Ave. DM IA		150.00	<input checked="" type="checkbox"/>
11/12/09	ID# CK# 1093	Marie Grabenbauer 2655 Aurora Ave DM IA 52319-5900		100.00	<input checked="" type="checkbox"/>
8/3/09	ID# 6017 CK#	CENTRAL IOWA BUILDING TRADES P.O. Box 7310 DES MOINES IA 50309		500.00	<input checked="" type="checkbox"/>
12/30/09	ID# CK# 101351	CLAYTON MITCHELL 1245 EARLAM RD EARLAM IA 50072		2000.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$3100.00
\$32,400.00

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(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/29/09	ID# CK# 1154	POUL COUNTY DEMOCRATS 5661 FLEUR DR DES MOINES IA 50321	PARTY CONTRIBUTION	\$ 100.00
7/1/09	ID# CK# NA	BANKERS TRUST 453 7th ST DES MOINES IA 50309	BANK FEE	1.12
8/5/09	ID# CK# 1177	CARTER PRINTING 1739 E GRAND DES MOINES IA 50316	STATIONERY	161.12
8/5/09	ID# CK# 1178	US POSTAL SERVICE 4023 URBANDALE DES MOINES IA 50310	POSTAL BULK MAIL FEE	370.00
8/25/09	ID# CK# 1201	US POSTAL SERVICE 4023 URBANDALE DES MOINES IA 50310	POSTAGE	88.00
8/3/09	ID# CK# NA	BANKERS TRUST 453 7th ST DES MOINES IA 50309	BANK FEE	1.60
8/12/09	ID# CK# N/A	BANKERS TRUST 453 7th ST DES MOINES IA 50309	CHECK PRINTING FEE	19.40
8/25/09	ID# CK# 1202	OFFICE DEPOT 4347 MERLE HAY RD DES MOINES IA 50311	SUPPLIES FOR FUND RAISER	37.60
SUB-TOTAL				\$ 778.24
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA COUNCIL FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/1/09	ID# CK# NA	BANKERS TRUST 453 7th ST DES MOINES IA 50309	BANK FEE	\$ 1 60
10/1/09	ID# CK# NA	BANKERS TRUST 453 7th ST DES MOINES IA 50309	BANK FEE	2 74
11/2/09	ID# CK# NA	BANKERS TRUST 453 7th ST DES MOINES IA 50309	BANK FEE	5 07
10/1/09	ID# CK# 1203	US POSTAL SERVICE 4023 URBANDALE DES MOINES IA 50309	POSTAGE	44 00
12/1/09	ID# CK# NA	BANKERS TRUST 453 7th ST DES MOINES IA 50309	BANK FEE	6 89
12/1/09	ID# CK# NA	BANKERS TRUST 453 7th ST DES MOINES IA 50309	REVERSE FEE	(.16)
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 60 14

TOTAL (if last page of this schedule) \$ 839 98

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA CANNOLLY FOR SENATOR



DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/24/09	MICHAEL CARTNER 1 LINE DR DES MOINES, IA 50309		REFRESHMENTS FOR FUND RAISER	919.74	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last
page of this
schedule)

\$

919.74

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(for Schedule E)